

BEST AVAILABLE COPY

page 1

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09452043

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I					
2	I					
3	I					
4	I					
5	I					
6	I					
7	I					
8	I					
9	I					
10	I					
11	I					
12	I	I				
13	I					
14	I					
15	I					
16	I					
17	I					
18	I					
19	I					
20	I					
21	I					
22	I					
23	I					
24	I					
25	I					
26	I					
27	I					
28	I					
29	I					
30	I					
31	I					
32	I					
33	I					
34	I					
35	I					
36	I					
37	I					
38	I					
39	I					
40	I					
41	I					
42	I					
43	I					
44	I					
45	I					
46	I					
47	I					
48	I					
49	I					
50	I					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	I					
52	I					
53	I					
54	I					
55	I					
56	I					
57	I					
58	I					
59	I					
60	I					
61	I					
62	I					
63	I					
64	I					
65	I					
66	I					
67	I					
68	I					
69	I					
70	I					
71	I					
72	I					
73	I					
74	I					
75	I					
76	I					
77	I					
78	I					
79	I					
80	I					
81	I					
82	I					
83	I					
84	I					
85	I					
86	I					
87	I					
88	I					
89	I					
90	I					
91	I					
92	I					
93	I					
94	I					
95	I					
96	I					
97	I					
98	I					
99	I					
100	I					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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Page 2

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SERIAL NO.

09452043

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101	1					
102	1					
103	1					
104	1					
105	1					
106	1					
107	1					
108	1					
109	1					
110	1					
111	1					
112	1					
113	1					
114	1					
115	1					
116	1					
117	1					
118	1					
119	1					
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123	1					
124	1					
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127	1					
128	1					
129	1					
130	1					
131	1					
132	1					
133	1					
134	1					
135	1					
136	1					
137						
138						
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140						
141						
142						
143						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						